

CERTIFICATE OF UNAVAILABILITY

I, _____, _____
Name Title

of _____ certify that on _____
Firm Name Date

I contacted the _____
CBE-A/E

to offer an opportunity for scopes of work to be performed on Miami-Dade County Contract No. _____

Work Items Sought	Form of proposal sought

Signature

Print Name

Title

I, _____ was offered the above opportunity to submit Letter of Agreement.
CBE-A/E

I am unavailable to perform the above work at the above specified time due to:

Name of CBE Firm

CBE Certification Number

Expiration Date

Signature

Print Name

Title